

Screening for Mental Health Issues Among Refugees in Multnomah County, Oregon

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PRESENTATION FORMAT: 15 minute oral presentation

TOPIC/TARGET AUDIENCE: Public health professionals, mental health workers, physicians, primary care providers, specialists, policy makers

ABSTRACT: Background: The CDC recommends mental health screening for newly arrived refugees. The Refugee Health Screener-15 (RHS-15) is a culturally-competent, screening tool used to detect symptoms of anxiety, depression, and PTSD in refugee populations. The RHS-15 was incorporated into health screenings in the Multnomah County Health Department Refugee Screening clinic since August 2012.

Methodology: We explain mental health screening and integration processes, demographic information, define the referral process in partnership with Lutheran Community Services Northwest, and discuss obstacles and successes in identified patients receiving mental health care.

Results/Impact/Outcomes: Since 2012, more than 2,098 refugees completed emotional health screening; 486 screened positive, indicating a 37% positivity rate, and 32% referral incidence rate. Estimates of 70% of patients ages 14 and older, representing 12 different languages of the RHS-15 completed mental health screening. Interpretation, case administration, accessing mental health services, and changes in overall screening practices are described. Data surveillance opportunities and obstacles are discussed.

Conclusions and Discussion: We demonstrate the importance of screening and referral processes for vulnerable refugee patients who experience higher rates of depression and anxiety conditions than other foreign born populations. This intervention emphasizes community outreach, culturally appropriate approaches and enhanced systems to create surveillance and tracking.

OBJECTIVE(S): Describe the implementation process of the RHS-15, used to identify refugees in 12 languages, ages 14 and older for symptoms of anxiety and depression within standard refugee health screening;

Discuss the importance of culturally appropriate referral for this vulnerable population;

Compare demographic data, with rates of referral and explore barriers that patients face in accessing needed mental healthcare;

Demonstrate importance of multi-disciplinary partnerships among NPO, public health and refugee resettlement agencies.

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